

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	75316	9/28/00
O.I.P.E. CLASSIFIER	KSD		11/3/00
FORMALITY REVIEW	S.S	69134	11-24-00
RESPONSE FORMALITY REVIEW	request	925	07-31-01

# INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) ... Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
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